



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DRUG-CARRIER COMPLEXES AND METHODS OF USE THEREOF

the specification of which (check one)

☐ is attached hereto.

☒ was filed on August 9, 2000 as United States Application

Number or PCT International Application No. 09/634,320

and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/147,919  
(Application Number)

August 9, 1999  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the attorneys and/or agents associated with  
**Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799**  
**Customer No. 21005,**

and \_\_\_\_\_,

to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to:

☒ Customer No. 21005  
**HAMILTON, BROOK, SMITH & REYNOLDS, P.C.**  
Two Militia Drive  
Lexington, MA 02421-4799

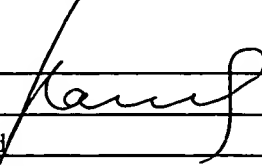
or

☐ Address as follows:

Direct telephone calls to: N. Scott Pierce Telephone No.: 781-861-6240

Direct facsimiles to: N. Scott Pierce Facsimile No.: 781-861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole  
or first inventor Mikhail I. Papisov  
Inventor's Signature  Date 9/25/80  
Residence 60 Woodside Road  
Winchester, Massachusetts 01890  
Citizenship Russia  
Post Office Address Same as above

STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(d))-NONPROFIT ORGANIZATION



DOCKET NUMBER: 0838.1003-001

Applicant or Patentee: Mikhail I. Papisov

Application or Patent No.: 09/634,320

Filed or Issued: August 9, 2000

Title: Drug-Carrier Complexes and Methods of Use Thereof

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION The General Hospital Corporation

ADDRESS OF NONPROFIT ORGANIZATION 55 Fruit Street

Boston, Massachusetts 02114

TYPE OF NONPROFIT ORGANIZATION:

- DJL*  
*10/25/00*
- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))  
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF  
LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED  
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

I hereby state that the rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities. No rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING David J. Glass, Ph.D.

TITLE IN ORGANIZATION OF PERSON SIGNING Associate Director for Patents, Office of Technology Affairs

ADDRESS OF PERSON SIGNING Massachusetts General Hospital, 13<sup>th</sup> Street, Charlestown, MA 02129

SIGNATURE 

DATE 10/25/00